

2003 Statewide Hospital Service Report Summary

This report will review the key characteristics, inpatient and outpatient services, and trends of acute care hospitals in the state of Indiana¹. The results are based on totals from the 136 individual hospital service reports (including three satellite hospitals) that are also displayed at this web site.

Characteristics of Indiana Hospitals

In December 2003, there were 133 acute care hospitals in Indiana². These hospitals were located in 76 of the 92 counties (see Figure A on page 2).

In 2003, these acute care hospitals have the following characteristics:

- **Type of Hospital:** The majority of hospitals (68%) were established to offer general acute care services. Thirty percent of the hospitals were designated by the Center of Medicare and Medicaid Services to focus on rehabilitation needs (4 hospitals), long-term acute care (15 hospitals), and/or to serve the needs of rural counties (22 critical access hospitals).
- **Size of Hospitals:** Hospitals had an average set-up bed capacity of 133 beds. 15 hospitals had over 300 beds; 21 hospitals had from 150 to 299 beds; 48 hospitals had from 51 to 149 beds; and 49 hospitals had bed capacities under 50 beds.
- **Inpatient/Outpatient Utilization:** Hospitals had 727,871 discharges in 2003, representing 54% of all revenue. Hospitals treated 9,954,953 outpatients, representing 46% of all revenue.
- **Corporate Status:** Over half of the acute care hospitals (51%) were organized on a nonprofit basis. More than one quarter (28%) were organized by county or municipal governments. The remaining twenty-one percent of all acute hospitals were organized on a proprietary basis.

Inpatient Utilization

The majority of Indiana acute care hospitals have general medical-surgical beds and intensive care units available on a 24-hour basis. (See Table A.)

Table A: Inpatient Beds, Discharges, and Average Length of Stay³

HOSPITAL SERVICE	NUMBER WITH SERVICE	NUMBER OF SET-UP BEDS	TOTAL NUMBER OF DISCHARGES	AVERAGE LENGTH OF STAY
Burn Care	3	27	541	11.2
Cardiac Intensive	27	483	18,851	5.1
ICU Med/Surg	99	1,336	40,496	7.1
ICU Neonatal	23	480	6,226	17.5
ICU Pediatric	7	101	1,879	11.1
Medical/Surgical	123	9,612	435,846	4.6
Neonatal Intermed	11	95	1,451	10.1
Obstetrics	97	1,575	97,689	2.5
Pediatrics	48	850	36,011	2.8
Psychiatric	15	502	15,677	6.4
Rehabilitation	44	1,258	29,744	9.1
Substance Abuse	23	389	7,305	11.1
Swing Beds	19	NA	1,360	10.6
Other	27	997	34,795	NA
Acute Subtotal	133	17,705	727,871	4.9
Normal Newborn	95	1,535	77,090	2.2
Nursing Facility	41	1,777	34,926	11.4

The average hospital will establish a charge structure for each of its services⁴, based on the age and severity of all diagnoses to be treated during a hospital stay⁵. The information in Table B reflects the average charge by peer groups (See Table B).

Table B: Average Charges for Hospital Stay by Hospital Size

HOSPITAL SERVICE	SMALL HOSPITAL (PEER 1)	MEDIUM HOSPITALS (PEER 2-3)	LARGE HOSPITAL (PEER 4-5)	SPECIALIZED HOSPITALS (PEER 7)
Burn Care	-	NMF	\$40,618	-
Cardiac Intensive	\$6,394	\$7,846	\$6,232	\$18,294
ICU Med/Surg	\$6,032	\$6,343	\$12,114	\$46,046
ICU Neonatal	-	\$25,185	\$25,295	-
ICU Pediatrics	-	-	\$18,929	-
Medical Surgical	\$4,212	\$4,193	\$2,922	\$39,290
Neonatal Intermediate	-	\$2,151	\$11,054	-
Obstetrics	\$2,151	\$2,900	\$2,136	-
Pediatric	\$1,363	\$1,619	\$2,395	-
Psychiatric	\$916	\$4,000	\$5,635	-
Rehabilitation	\$8,997	\$5,879	\$5,337	\$16,720
Substance Abuse	-	\$8,695	\$3,514	-
Normal Newborn	\$1,001	\$1,184	\$941	-

NMF= No meaningful figure.

Hospitals continue to develop and maintain services needed within their community. All hospitals will transfer patients to larger hospitals when the patients are in need of specialized services (see Table C).

Table C: Percentage of Hospitals with Selected Specialized Services

SELECTED SERVICES	SMALL HOSPITALS	MEDIUM HOSPITALS	LARGE HOSPITALS	SPECIALIZED HOSPITALS
Acute Renal Dialysis	4.0%	36.7%	90.9%	73.9%
Coronary Care Unit	51.3%	63.3%	90.9%	13.0%
Home Health Agency	53.8%	40.8%	68.2%	8.0%
Long Term Care Unit (Separately certified)	10.2%	46.9%	54.5%	4.3%
Neonatal Nursery	20.5%	55.1%	86.4%	-
Obstetrics Services	76.9%	93.9%	90.9%	-
Open Heart Surgery	5.1%	18.4%	90.9%	8.6%
Organized Emergency Department	97.4%	95.9%	100.0%	30.4%

Outpatient Utilization

Many Indiana residents receive care on an outpatient basis at Indiana hospitals. In 2003, the information shown in Table D shows that care of injuries and musculoskeletal problems are the key reason for seeking outpatient care in a hospital setting.

Table D: Hospital Outpatient Utilization, Indiana, 2003⁷

CATEGORY	ICD-9-CM CODE CLASS	NUMBER OF ESTIMATED VISITS	PERCENT OF SUBTOTAL	RANK OF SUBTOTAL
Infectious Disease	001-139	139,306	2.3%	13 th
HIV	042-044	6,035	0.01%	17 th
Neoplasms	140-239	353,340	5.9%	8 th
Endocrine	240-279	660,832	11.0%	4 th
Blood Disease	280-289	144,423	2.4%	11 th
Mental Disorder	290-319	142,303	2.3%	12 th
Nervous	320-389	323,136	5.4%	9 th
Circulatory	390-459	659,325	11.0%	3 rd
Respiratory	460-519	542,237	9.0%	6 th
Digestive	520-579	367,161	6.2%	7 th
Urinary	580-629	569,450	9.5%	5 th
Pregnancy	630-677	168,450	2.8%	10 th
Skin Disorders	680-709	135,925	2.3%	14 th
Musculoskeletal	710-739	874,109	14.5%	1 st
Congenital	740-759	33,085	0.06%	16 th
Perinatal	760-779	26,390	0.05%	15 th
All Injuries	800-999	861,814	14.3%	2 nd
Subtotal		6,012,681	100%	
Other/Unknown		3,942,272		
Total Visits		9,954,953		

In 2003, 2.5 million individuals visited the emergency departments (ED) for needed services. This visitation represented 25 percent of all outpatient visits (see Table E).

Table E: Number of Emergency Department Visits

EMERGENCY DEPARTMENTS	NUMBER OF TOTAL ED VISITS	NO. OF INJURY RELATED ED VISITS
116	2,514,846	778,320

Overall Trends

Between 1999 and 2003, there were 12 new hospitals that were opened. One new hospital specialized in rehabilitation, and 6 new hospitals were designed to meet long-term acute needs.

Since 1999, there have been two acute care hospitals that have closed. The closed hospitals include Winona Hospital, Indianapolis (2004) and Wirth Regional Hospital, Oakland City (2003).

Between 1999 and 2003, 21 hospitals were designated by CMS as critical care hospitals. The hospitals receive specialized reimbursement to serve the needs of their rural community, based on an agreement to maintain no more than 25 acute care beds, and limiting ALOS to no more than 96 hours.

In general, since 1999, the number of inpatient admissions has declined and the number of outpatient visits has increased (see Table F.)

Table F: Five -Year Trend Line of Beds and Discharges

STATEWIDE INDICATORS	1999	2000	2001	2002	2003
Total Hospitals ¹ Filing Report	131	129	131	131	133
Total Hospital Set Up Beds	17,913	17,594	17,738	17,795	17,705
Number of Discharges	797,470	697,698	756,420	741,736	726,871
Average Length of Stay	5.0	5.1	4.9	5.2	4.9
Total Outpatient Visits	8,393,603	8,638,092	9,557,664	9,849,593	9,954,953

Footnotes

1. Information in this report was abstracted from 136 hospital service reports filed with ISDH under the Indiana Hospital Financial Disclosure Act (IC 16-21-6-6). This information represents all acute care hospitals licensed under IC 16-21-1. The reports do not include psychiatric hospitals licensed under IC 12-25.
2. This table includes 134 reports filed in 2003 and 2 reports filed in 2002.
3. Definitions of terms used in this report are as follows:

TERM USED IN HOSPITAL SERVICE REPORT	DEFINITION OF TERMS IN COMPLETING THIS REPORT
Set-Up Beds	The actual number of available beds set-up and staffed for inpatients as of the close of the reporting period.
Discharges	Count of inpatients that have expired during their stay, or have had a formal release from the hospital to home or to another health care setting.
Patient Days	Inpatient day is a period of service between the census-taking hours on two successive days, with the day of discharge being counted only when the patient was admitted the same day.
Average Length of Stay	Number of patient days over the number of discharges
Total Charges	Total charges for all inpatient care in this hospital unit.
Average Charge	Total charges divided by the number of discharges for a service.
Peer Groups	Calculation of factors such as beds, patient days, and charges to establish a grouping of hospitals with similar resource capacity. This report summarizes the information by small, medium, large, and specialized hospitals.
Public Health Districts	To assist county health departments and hospitals, ISDH designated ten geographic regions in Indiana for coordination of bioterrorism funds and charging of information, training and equipment.
Outpatient Visit	A visit by a patient who is not lodged in the hospital while receiving medical, dental, or other services. Total outpatient visits include all clinic visits, referral visits, observation services, outpatient surgeries, and emergency room visits.
Children's Hospitals	have services that are furnished to inpatients predominately under the age of 18 years.

TERM USED IN HOSPITAL SERVICE REPORT	DEFINITION OF TERMS IN COMPLETING THIS REPORT
Critical Access Hospital (CAHs)	are rural community hospitals that receive cost-based reimbursement. To be designated a CAH, a rural hospital must meet defined criteria that are outlined in the Conditions of Participation (42 CFR 485) and subsequent legislative refinements to the program through the BBRA, BIPA, and Medicare Modernization Act.
Long Term Hospitals	have an average patient length of stay of greater than 25 days.
Psychiatric Hospitals	provide diagnostic and treatment services to patients with mental/ and/or emotional disorders.
Rehabilitation Hospitals	provide medical, health-related social and/or vocational services to disabled individuals to help them attain their maximum functional capacity.
Short Term Hospitals	have an average patient length of stay of 25 days or less.

Definitions of Hospital Service

HOSPITAL SERVICE	DEFINITION OF TERMS IN COMPLETING THIS REPORT
Burn Care	Provides care to severely burned patients. Severely burned patients are those with any of the following: second degree burns of more than 25 percent total body surface for adults or 20 percent total body surface area for children; (2) third degree burns of more than 10 percent total body surface; (3) any severe burns of the hands, face, eyes, ears, or feet; and (4) all inhalation injuries, electrical burns, complicated burn injuries involving fractures, other major trauma, and other risks.
Cardiac Intensive	Provides patient care of a more specialized nature than the usual medical/surgical care. The unit focuses on patients because of heart seizure, open-heart surgery, or other life threatening conditions, who require intensified comprehensive observation and care. May include myocardial infarction, pulmonary care, and heart transplant units.
ICU Medical/Surgical	Provides patient care of a more intensive nature than the usual medical/surgical care. These units focus on patients who, because of shock, trauma, or other life threatening conditions, require intensified comprehensive observation and care.

HOSPITAL SERVICE	DEFINITION OF TERMS USED IN THIS REPORT
ICU Neonatal	A unit that must be separate from the newborn nursery that provides intensive care to all sick infants including those with very low birth weight (less than 1,500 grams). NICU has potential for providing mechanical ventilation, neonatal surgery, and special care for the sickest infants born in the hospital or transferred from other institutions.
ICU Pediatric	Provides care to pediatric patients that is more intensive in nature than usually provided to pediatric patients. The unit focuses on younger patients who, because of shock, trauma, or other life threatening conditions, require comprehensive observation and care.
Medical/Surgical	Provides acute care to patients in medical and surgical units.
Neonatal Intermediate	A unit that must be separate from the normal newborn nursery and provides intermediate and/or recovery care and some specialized services, including immediate resuscitation, intravenous therapy, and capacity for prolonged oxygen therapy and monitoring.
Obstetrics	Provides services for maternity and newborn services and may be supervised by a full-time maternal/fetal specialist.
Pediatric	Provides acute care to pediatric patients in need of low intensity care.
Psychiatric	A CMS DRG exempt unit admitting and actively treating patients for a principal diagnosis that is listed in the Third Edition of the American Psychiatric Association's Diagnostic and Statistical Manual or in Chapter Five ("Mental Disorders") of the International Classification of Diseases, Ninth Revision, Clinical Modifications (ICD-9-CM).
Rehabilitation	A CMS DRG exempt unit where 75 percent of the inpatient population requires intensive rehabilitation services for treatment of stroke, spinal cord injury, congenital deformity, amputation, major multiple trauma, fracture of femur, brain injury, polyarthritis, neurological disorders, and/or burns.
Substance Abuse	Provides diagnoses and therapeutic services to patients with alcoholism and other drug dependencies. The unit is reimbursed by DRG system and has no special CMS exemption.
Swing Bed Program	Under Section 1883 (b) of the Social Security Act, CMS determines if a hospital is located in a rural area and has (1) less than 49 beds or (2) between 49 and 99 beds. That determination allows the service to provide either acute or long-term-care services. A hospital is not required to identify the number of beds for this service in this report.
All Other Services	Includes a subtotal of any other services (with beds and discharges) that were not specified above.
Total Acute	This row is a total of the previous 15 rows and represents total

	discharges, patient days, and set-up beds in the hospital (minus any LTC certified nursing facilities).
Normal Newborn	Provides care in a normal infant bassinet.

4. Under Public Law 44-2002, acute care hospitals began, for the first time, to record total charges within the hospital service report in calendar year 2002. Total charges reflect the billed charges within that service and do not include ancillary charges billed by other hospital units (such as laboratories). Table B reflect the average charge per stay or the total charges divided by discharges for each of the thirteen hospital services.
5. This table compares the size of the average unit in three groupings of similar-sized hospitals
6. This year's outpatient reporting was from 122 of the 133 hospitals in Indiana.

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